

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov

Ruth Ann Terry, MPH, RN

Executive Officer



CHANGE OF ADDRESS OR NAME FOR LICENSEES

PLEASE PRINT OR TYPE

RN LICENSE NUMBER:			
LAST NAME:		FIRST NAME:	
MIDDLE NAME:			
DATE OF BIRTH: <i>(Month/Day/Year)</i>	U.S. SOCIAL SECURITY NUMBER:	E-MAIL ADDRESS:	
COMPLETE FOR CHANGE OF ADDRESS ONLY			
PREVIOUS ADDRESS: <i>Number and Street</i>			
<i>City</i>	<i>State</i>	<i>Country</i>	<i>Postal/ZIP Code</i>
NEW ADDRESS: <i>Number and Street</i>			
<i>City</i>	<i>State</i>	<i>Country</i>	<i>Postal/ZIP Code</i>
COMPLETE FOR CHANGE OF NAME ONLY			
<p>YOU <u>MUST</u> SUBMIT A COPY OF THE LEGAL DOCUMENTATION WITH THIS FORM FOR NAME CHANGES. Examples of acceptable forms of legal documentation are birth certificate, marriage certificate, divorce decree and/or court documents.</p>			
PREVIOUS NAME: <i>Last</i>		<i>First</i>	<i>Middle</i>
NEW NAME: <i>Last</i>		<i>First</i>	<i>Middle</i>
OPTION: ORDER A REPLACEMENT LICENSE CARD <i>(Permanent Licenses Only)</i>			
<p>To order a replacement card as a result of a name change, you are required to return the card(s) with your old name to the Board. There is a \$30 fee per license (limit one per license type).</p> <p>Check the boxes below to indicate the replacement license type card(s) you are requesting:</p>			
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Nurse Anesthetist	<input type="checkbox"/> Clinical Nurse Specialist	Total fee enclosed:
<input type="checkbox"/> Furnishing Number (NP)	<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Furnishing Number (CNM)	\$ _____
<p>I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct, and complete.</p>			
SIGNATURE: _____		DATE: _____	